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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  (Only for new nonprovisional applications under 37 C.F.R. 1.53(b))	Attorney Docket No.	493-37-3
	First Inventor	Robert M. Best
	Title	COPY PROTECTION OF PORTABLE GAME SYSTEM
	Express Mail Label No.	ER 452755878 US

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.	<b>ADDRESS TO:</b> Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) 2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification (Total Pages <u>55</u> ) (preferred arrangement set forth below) - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) (Total Sheets <u>22</u> ) 5. Oath or Declaration (Total Sheets <u>2</u> ) a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for a continuation/divisional with Box 18 completed) i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies <b>ACCOMPANYING APPLICATIONS PARTS</b> 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 C.F.R. 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (when there is an assignee) 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input checked="" type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other: _____

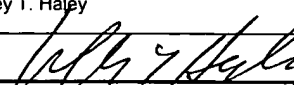
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☒ Continuation-in-part (CIP) of prior application No: 10/639,038; 10/613,902; 10/427,793; 10 / 135,319

Prior application information: Examiner Carmen White

Art Unit: 3714

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

<b>19. CORRESPONDENCE ADDRESS</b>					
<input checked="" type="checkbox"/> Customer Number		<u>000996</u>		OR <input type="checkbox"/> Correspondence address below	
Name					
Address					
City	State	Zip Code			
Country	Telephone	Fax			
Name (Print/Type)	Jeffrey T. Haley		Registration No. (Attorney/Agent)		34,834
Signature			Date	October 6, 2003	

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



17231 U.S. PTO  
10/06/03

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2004</h2> <p style="font-size: small; margin: 5px 0;">Effective 10/01/2003. Patent fees are subject to annual revision.</p>		<p><b>Complete if Known</b></p>	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	
		Filing Date	
		First Named Inventor	
		Examiner Name	
		Art Unit	
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 998		Attorney Docket No. 493-37-3	

<p><b>METHOD OF PAYMENT (check all that apply)</b></p> <p> <input checked="" type="checkbox"/> Check            <input type="checkbox"/> Credit card            <input type="checkbox"/> Money            <input type="checkbox"/> Other            <input type="checkbox"/> None       </p> <p> <input checked="" type="checkbox"/> Deposit Account:       </p> <div style="display: flex; margin-top: 10px;"> <div style="flex: 1;"> <p>Deposit Account Number</p> <p>07-1897</p> </div> <div style="flex: 1;"> <p>Deposit Account Name</p> <p>Graybeal Jackson Haley LLP</p> </div> </div> <p style="font-size: small; margin-top: 10px;"> <b>The Director is authorized to: (check all that apply)</b>  <input type="checkbox"/> Charge fee(s) indicated below            <input type="checkbox"/> Credit any overpayments  <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application  <input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b> to the above-identified deposit account.       </p>				<p><b>FEE CALCULATION (continued)</b></p>																																																																																																																																																																																																																																															
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<p><b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b></p> <table style="width: 100%; font-size: x-small;"> <tr> <td>Total Claims</td> <td>69</td> <td>-20 **</td> <td>=</td> <td>49</td> <td>X</td> <td>9</td> <td>=</td> <td>441</td> </tr> <tr> <td>Independent Claims</td> <td>7</td> <td>-3 **</td> <td>=</td> <td>4</td> <td>X</td> <td>43</td> <td>=</td> <td>172</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td>=</td> <td>0</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201</td> <td>86</td> <td>2201</td> <td>43</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203</td> <td>290</td> <td>2203</td> <td>145</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>86</td> <td>2204</td> <td>43</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td>(\$ 613)</td> </tr> </tbody> </table> <p style="font-size: x-small; margin-top: 5px;">**or number previously paid, if greater; For Reissues, see above</p>				Total Claims	69	-20 **	=	49	X	9	=	441	Independent Claims	7	-3 **	=	4	X	43	=	172	Multiple Dependent					X		=	0	Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	18	2202	9	Claims in excess of 20		1201	86	2201	43	Independent claims in excess of 3		1203	290	2203	145	Multiple dependent claim, if not paid		1204	86	2204	43	** Reissue independent claims over original patent		1205	18	2205	9	** Reissue claims in excess of 20 and over original patent		<b>SUBTOTAL (2)</b>					(\$ 613)																																																																																																																																																																							
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<p><b>SUBMITTED BY</b></p>		<p><b>Complete (if applicable)</b></p>	
Name (Print/Type)	Jeffrey T. Haley	Registration No. (Attorney/Agent)	34,834
Signature		Telephone	425-455-5575
		Date	October 6, 2003

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UTILITY PATENT APPLICATION - CERTIFICATE OF MAILING

Inventor: Robert M. Best

Title of Invention: COPY PROTECTION OF PORTABLE GAME SOFTWARE

Attorney Dkt. No.: 493-37-3

CERTIFICATE OF MAILING OR TRANSMISSION

"Express Mail" mailing label number: ER 452755878 US

Date of Deposit: October 6, 2003

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR, Section 1.10 on the date indicated above and is addressed to Box New Application, Commissioner for Patents, Washington, D.C. 20231 by

  
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Enclosures:

Utility Patent Application Transmittal  
Utility Application (55 pages)  
Formal Drawings (22 pages)  
Declaration and Power of Attorney  
Nonpublication Request Under 35 USC 122(b)(2)(B)(i)  
Fee Transmittal  
Check No. 21063 for \$998.00 filing fee  
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**NONPUBLICATION REQUEST  
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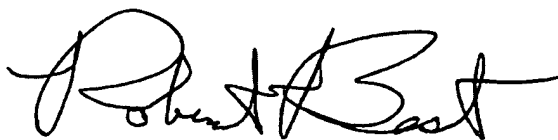
First Named Inventor	Robert M. Best	
Title	Copy Protection of Portable Game Software	
Atty Docket Number	493-37-3	

I hereby certify that the invention disclosed in the attached application **has not and will not** be the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing.

I hereby request that the attached application not be published under 35 U.S.C. 122(b).

10-5-2003

Date



Signature

Robert M. Best

Typed or printed name

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